

Bureau of Licensure and Certification

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4251AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2008
NAME OF PROVIDER OR SUPPLIER SILVER SKY ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 8220 SILVER SKY DRIVE LAS VEGAS, NV 89145		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	<p>Initial Comments</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>This Statement of Deficiencies was generated as a result of the annual state licensure survey conducted at your facility on 11/06/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Group Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for ninety-six Residential Facility for Group beds for elderly and disabled persons, eighty-two Category I residents and fourteen Category II residents. The census at the time of the survey was eighty-eight total residents, seventy-six Category I residents and twelve Category II residents. Twenty resident files were reviewed and twelve employee files were reviewed. One discharged resident file was reviewed.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000	<p><i>POC Acceptable</i> <i>J. Carina</i> <i>4-7-9</i></p>	
Y 278 SS=C	<p>449.2175(9)(a) Dietary Consultant - More Than 10 Residents</p> <p>NAC 449.2175 9. A residential facility with more than 10 residents shall employ or otherwise obtain the services of a person to serve as a consultant for the planning and serving of meals who: (a) Is registered as a dietitian by the Commission</p>	Y 278		<p>Y278</p> <p>A correction is being made on the dates for the previous Dietician. A contract was signed 12 June 2007 for a period of 12 months. This Dietician did not renew her contract in June 2008 citing a change in career direction. A search was initiated for a new Dietician immediately.</p>

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Continuation sheet 1 of 13

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Y 278	Continued From page 1 on Dietetic Registration. This Regulation is not met as evidenced by: Based on interview and document review on 11/06/2008, the facility failed to obtain the services of a dietitian to serve as a consultant for planning and serving meals. Findings include: The Administrator, Employee #5, stated the previous dietitian failed to renew her contract in June 2007. A review of the previous dietitian contract revealed a start date of June 2006 and ending on June 2007. There was no evidence of a new dietitian contract or renewal of the former contract. Severity: 1 Scope: 3	Y 278	Y278 Cont. A new Dietician from Sedexo Healthcare is now contracted for Silver Sky Assisted Living as of February 2009 for a period of 12 months. She has made 2 visits to site to date, the first for documentation purposes, the second to review our 4-week cycle menu, which have been approved by her. A dietary in service is scheduled for March 13, 2009. In December and again in January the dietary staff were shown video tapes from the Alliant Food Series- one on general sanitation and the second on handwashing and personal hygiene. Each tape is 40 minutes long with discussion that followed. Documentation is in employee folders. Also please note, the annual inspection of the kitchen was done on 02-10-09 and the score was 99%. Chef is responsible for continued compliance. Administrator will monitor. Date of Completion 2-10-09.	
Y 859 SS=F	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.	Y 859		

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Y 859	<p>Continued From page 2</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/6/08, the facility failed to ensure that 12 of 21 residents received an initial or an annual physical.</p> <p>Findings include:</p> <p>Resident #1's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #2's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #3's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #4's file lacked a copy of an initial physical examination and an annual physical examination for 2008.</p> <p>Resident #5's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #6's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #8's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #11's file lacked a copy of an annual physical examination for 2008.</p> <p>Resident #12's file lacked a copy of an annual physical examination for 2008.</p>	Y 859	<p>Y859</p> <p>Resident # 4 Initial physical dated 03/14/07 in chart Annual 2008 physical dated 11/13/08 in chart.</p> <p>Resident #18 Initial physical dated 06/16/08 in chart. Additional physical dated 08/11/08 also in chart.</p> <p>Residents: #1,#2,#3,#5,#6,#8,#11,#12,#13 and #21 all have annual 2008 physicals in their charts.</p> <p>A tickler file has been set up to monitor all residents for compliance with annual physicals. Residential Service Director to monitor and schedule annual physicals. Administrator will oversee and conduct quarterly chart audits.</p> <p>Date of Completion 12/15/08.</p>	

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Y 859	Continued From page 3 Resident #13's file lacked a copy of an annual physical examination for 2008. Resident #18's file lacked a copy of an initial physical examination. Resident #21's file lacked a copy of an annual physical examination for 2008. Severity: 2 Scope: 3	Y 859		
Y 870 SS=F	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident. This Regulation is not met as evidenced by: Based on record review on 11/6/08, the facility failed to have 16 of 21 resident medications reviewed by a physician, pharmacist or registered nurse at least once every 6 months (#1, #2, #3, #4, #5, #6, #7, #8, #9, #11, #12, #13,	Y 870	Y870 Silver Sky had been contracted with Resource Pharmacy from July 2006 until August 2008- during that period all residents had pharmacy reviews every 6 months per regulation. New contract was signed with Assist Care Pharmacy on September 1, 2008 and their reviews were conducted between Oct. 15, 2008 thru Nov. 3, 2008. The following residents meds were reviewed by Assist Care at that time: Resident #1 Resident #5 Resident #6 Resident #9 Resident #13 Resident #14 Resident #15 Resident #16 Resident #21 Resident #2 Resident # 2 had her medications reviewed by her physician, APN on 08/08/08, copy in her chart.	

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Y 870	<p>Continued From page 4 #14, #15, #16, and #21).</p> <p>Findings include:</p> <p>Record Review</p> <p>Resident #1 was admitted to the facility 5/31/06. There was no medication review available in the record.</p> <p>Resident #2 was admitted to the facility 5/31/06. There were two medication reviews available in the record dated 6/25/08 and 8/08/08.</p> <p>Resident #3 was admitted to the facility 5/31/06. There was no medication review available in the record.</p> <p>Resident #4 was admitted to the facility 8/21/06. There was one medication review available in the record dated 3/14/07.</p> <p>Resident #5 was admitted to the facility 8/21/06. There were three medication reviews available in the record dated 6/28/06, 9/5/07, and 6/25/08.</p> <p>Resident #6 was admitted to the facility 9/21/06. There was no medication review available in the record.</p> <p>Resident #7 was admitted to the facility 10/3/06. There was no medication review available in the record.</p> <p>Resident #8 was admitted to the facility 10/16/06. There was no medication review available in the record.</p> <p>Resident #9 was admitted to the facility 10/31/06. There was one medication review</p>	Y 870	<p>Y870 Continued</p> <p>Resident #3 Resident #3 had her medications reviewed by her physician, PA-C, on 11/18/08, copy in her chart.</p> <p>Resident #4 Resident #4 had her medications reviewed by her physician, MD, on 11/13/08, copy in her chart.</p> <p>Resident #7 Resident #7 had her medications reviewed by her physician, MD, following a hospitalization on 12/16/08, copy in her chart.</p> <p>Resident #12 Resident #12 had his medications reviewed by the Veterans Administration Pharmacy on 11/14/08, copy in his chart.</p> <p>Resident # 8 Resident #8 was self medicating until Jan. 13, 2009. Her medications were listed by her physician MD on 01/21/09 and Assist Care pharmacy will do the pharmacy review of her medications during he review scheduled on May 01, 2009. Her physician did review her meds in June 2008 and again in Dec. 2007. No other medication reviews were found.</p>	

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Y 870	Continued From page 5 available in the record dated 11/5/08. Resident #11 was admitted to the facility 4/26/07. There was one medication review available in the record dated 3/28/07. Resident #12 was admitted to the facility 4/26/07. There was no medication review available in the record. Resident #13 was admitted to the facility 4/27/07. There was one medication review available in the record dated 10/29/08. Resident #14 was admitted to the facility 5/11/07. There was one medication review available in the record dated 5/5/08. Resident #15 was admitted to the facility 6/2/07. There was no medication review available in the record. Resident #16 was admitted to the facility 1/1/08. There was no medication review available in the record. Resident #21 was admitted to the facility 10/15/07. There was no medication review available in the record. Severity: 2 Scope: 3	Y 870	Y870 continued Resident #11 Resident # 11 was medicated by her husband, Resident #12, and her medications were purchased from an outside pharmacy. The former resident Services Director did not contact her physician to review her medications. Resident #11 is no longer a resident here at Silver Sky -she transferred out on January 20,2009 and has since deceased. No medication review was done. Medication reviews for the residents are kept in a separate book here at Silver Sky. This administrator will make sure that copies of all medication reviews are put into the residents files under a separate tab to be accessible. A complete pharmacy review is scheduled for May 01, 2009 and every residents medications will be reviewed including all self medicating residents. Date of Completion 01/21/09 Resident Service Director will be responsible for total compliance. Administrator will monitor every 6 months to ensure.	
Y 878 SS=D	449.2742(6)(a)(1) Medication / Change order NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a	Y 878		

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Y 878	<p>Continued From page 6</p> <p>physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident:</p> <p>(a) The caregiver responsible for assisting in the administration of the medication shall:</p> <p>(1) Comply with the order.</p> <p>This Regulation is not met as evidenced by: Based on observation, record review, and interview on 11/6/08, the facility failed to administer medication as prescribed by a physician for 2 of 21 residents (#13 and #21).</p> <p>Findings include:</p> <p>Resident #13</p> <p>On 11/06/08 in the afternoon, Resident #13's medication compartment contained supplies of 20 milliequivalent Potassium tablets, 25 milligram Metoprolol tablets, 325 milligram Ferrous Sulfate tablets, and 20 milligram Citalopram tablets.</p> <p>Resident #13's latest medication review dated 10/04/08 was compared to Resident #13's Medication Administration Record (MAR) for 11/08 :</p> <p>Potassium: The review indicated one 20 milliequivalent Potassium tablet twice daily, but the MAR indicated two 20 milliequivalent Potassium tablets daily.</p> <p>Metoprolol: The review indicated one 12.5</p>	Y 878	<p>Y878</p> <p>Resident #13</p> <p>Potassium: On 10/09/08 discharge orders from St. Rose Hospital read Potassium Chloride 20 mEq tabs P.O. B.I.D-(Exhibit # 1). This order should have been corrected on the MAR at that time and carried over to the November MAR. On 11/06/08, Resident #13's primary physician changed the Potassium Chloride order back to the original order of 20 mEq's 2 tabs daily. The MAR correctly states physician order.</p> <p>Metoprolol: After investigation, it was found that the pharmacy had packed 1/2 of the 50 mg Metoprolol Tartrate in each bubble which equals 25 mg. The MAR should have stated " take 1/2 50 mg tab q 12 hours" instead of Metoprolol 25 mg tab, 1 tab po q 12 hours, in order to match the physicians order (Exhibit 2) The MAR's have been corrected to reflect physicians orders.</p> <p>Ferrous Sulfate: All orders for the medication Ferrous sulfate 325 mg tablet remain consistent since admission on 04/25/07. (Exhibit #3) This administrator has reviewed all Medication Administration Records since admission of this resident and have found all MAR entries are following physician orders as stated: Ferrous Sulfate 325 mb tab. Take 1 tablet by mouth 2 times daily.</p> <p>Review of this order written 10/29/08 clearly states: Citalopram 20 mg 1 tab at evening. Medication Administration Records have been corrected to read 6 pm.</p>	

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Y 878	<p>Continued From page 7</p> <p>milligram Metoprolol tablet twice daily, but the MAR indicated one 25 milligram Metoprolol tablet every 12 hours.</p> <p>Ferrous Sulfate: The review indicated one Ferrous Sulfate tablet daily, but the MAR indicated one 325 milligram Ferrous Sulfate tablet twice daily.</p> <p>Citalopram: The review indicated one 20 milligram Citalopram tablet daily. The MAR indicated one 20 milligram Citalopram tablet daily at 8:00 AM, but a physician order indicated one 20 milligram Citalopram tablet every evening on 10/29/08.</p> <p>The chart lacked physician orders reconciling the above differences.</p> <p>Resident #21</p> <p>On 11/06/08 in the afternoon, Resident #21's medication compartment contained supplies of 2 milligram Xanax tablets and .50 milligram Risperidone tablets.</p> <p>A chart review revealed that the latest physician order for Xanax indicated one 2 milligram Xanax tablet every evening on 10/16/08, but the MAR indicated one 2 milligram Xanax tablet every morning for 11/08.</p> <p>The latest physician order for Risperidone indicated two .50 milligram Risperidone tablets every evening on 10/31/08, but the MAR indicated one .50 milligram Risperidone tablet every evening for 11/08.</p> <p>The chart lacked physician orders reconciling the</p>	Y 878	<p>Y878</p> <p>Resident #21</p> <p>On 10/13/08 physician order was written for XANAX XR 2 mg tab - to be given q am (exhibit #4)</p> <p>On 10/16/08, physician order written for XANAX (Alprazolam) 2 mg tab - to be given q.H.S. (exhibit #5)</p> <p>The MAR includes both orders for XANAX- one for am and one for pm. (There were no D/C orders written and the two physicians were in communication) We were following the physicians orders accurately.</p> <p>Risperidone:</p> <p>The Risperidone 0.5 mg was written on 10/31/08 which stated 2 tabs q H.S. until current supply depleted. Second Risperidone order written on 10/31/08 which stated Risperidone 1 mg tab give q. H. S. To start when runs out of 0.5 mg supple. (Exhibit #7)</p> <p>The Resident Services Director was give the order to transcribe onto the MAR but failed to do so. Correction of the order was done at the time of survey.</p> <p>It is the policy of this facility to maintain correct medication orders and to follow the physicians directions accurately. Monitoring the MAR's is done weekly and any new orders that are transcribed onto the MAR are double checked for accuracy.</p> <p>Date of completion - 11/07/08.</p> <p>Resident Services Director responsible for monitoring.</p> <p>Administrator will conduct weekly audits. (ongoing)</p>	

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Y 878	Continued From page 8 above differences. Severity: 2 Scope: 1	Y 878			
YA280 SS=C	449.2175(10)(a-d) Dietary Consultant and Serv NAC 449.2175 10. The person providing services pursuant to subsection 9 shall provide those services not less than once each calendar quarter. The administrator of the facility shall keep a written record of the consultations on file at the facility. The consultations must include: (a) The development and review of weekly menus; (b) Training for the employees who work in the kitchen; (c) Advice regarding compliance with the nutritional program of the facility; and (d) Any observations of the person providing the services regarding the preparation and service of meals in the facility to ensure that the facility is in compliance with the nutritional program of the facility. This Regulation is not met as evidenced by: Based on interview and document review on 11/06/2008, the facility failed to obtain the services of a dietitian to provide training to kitchen staff, advice regarding compliance with the nutritional program, and development/review of weekly menus on a quarterly basis. Findings include:	YA280	YA280 Refer to Tag Y278 Dietician contracted 02/10/09-menu cycle reviewed and approved. In services w/video tapes held December 2008 and January 2009 with documentation in employee folders. Dietician and State did full inspection of kitchen area in February 2009. In service scheduled by dietician to be held March 13, 2009. Chef is responsible for continued compliance. Administrator will monitor. Date of Completion 02-10-09.		

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YA280	Continued From page 9 The Director of Food Services, Employee #4, stated he had not met with a dietitian for several months. A review of the facility's dietitian file revealed no evidence of a new dietitian contract or renewal of the former contract since June 2007. The last dietitian consult provided to the facility was a facsimile from the dietitian to the administrator dated 6/19/2007, informing the administrator she was reviewing the menus and she had made a facility visit in June 2007. Severity: 1 Scope: 3	YA280			
YA930 SS=F	449.2749(1)(a-j) Resident File NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (a) The full name, address, date of birth and social security number of the resident. (b) The address and telephone number of the resident's physician and the next of kin or guardian of the resident or any other person responsible for him. (c) A statement of the resident's allergies, if any, and any special diet or medication he requires. (d) A statement from the resident's physician concerning the mental and physical condition of	YA930			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS4251AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/06/2008
NAME OF PROVIDER OR SUPPLIER SILVER SKY ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 8220 SILVER SKY DRIVE LAS VEGAS, NV 89145		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
YA930	<p>Continued From page 10</p> <p>the resident that includes:</p> <p>(1) A description of any medical conditions which require the performance of medical services;</p> <p>(2) The method in which those services must be performed; and</p> <p>(3) A statement of whether the resident is capable of performing the required medical services.</p> <p>(e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.</p> <p>(f) The types and amounts of protective supervision and personal services needed by the resident.</p> <p>(g) An evaluation of the resident's ability to perform the activities of daily living and a brief description of any assistance he needs to perform those activities. The facility shall prepare such an evaluation:</p> <p>(1) Upon the admission of the resident;</p> <p>(2) Each time there is a change in the mental or physical condition of the resident that may significantly affect his ability to perform the activities of daily living; and</p> <p>(3) In any event, not less than once each year.</p> <p>(h) A list of the rules for the facility that is signed by the administrator of the facility and the resident or a representative of the resident.</p> <p>(i) The name and telephone number of the vendors and medical professionals that provide services for the resident.</p> <p>(j) A document signed by the administrator of the facility when the resident permanently leaves the facility.</p> <p>This Regulation is not met as evidenced by: Based on record review on 11/6/08, the facility</p>	YA930	<p>YA930</p> <p>Resident #1</p> <p>Admitted prior to this administrators watch: no initial assessment found in records. Referral assessment made on 01-03-07 submitted to Division for Aging Services. Following ADL assessments are in chart 06/04/07, 12/12/07, 11/17/08 current TB screening test in master book and copy in chart dated 11/10-11/19/08- 2-step given.</p> <p>Resident #2</p> <p>ADL assessment done on 11./20/08.</p> <p>Resident #4</p> <p>Correction-Resident # 4 admitted to Silver Sky on 04/01/07.</p> <p>Full ADL assessment done on 02/03/07. Copy in chart. Assessments dated 03/29/07 and 03/20/08 also in chart from Division of Aging Services. Annual assessment done on 11/24/08. Re-assessment due to change in condition following return from hospital done on 01/08/09.</p> <p>Resident # 6</p> <p>Initial assessment done on 07/17/06 prior to admission, copy now in chart. Annual ADL assessments done 06/05/07 and 11/17/08. Division of Aging assessments done 8/29/06, 02/12/07 and 02/11/08.</p> <p>Resident #7</p> <p>ADL assessment done on 12/09/08. Copy in chart.</p>	

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YA930	<p>Continued From page 11</p> <p>failed to complete activities of daily living (ADL) assessments and TB screenings for 15 of 21 residents (#1, #2, #4, #6, #7, #8, #9, #11, #12, #13, #14, #15, #17, #19 and #21).</p> <p>Findings include:</p> <p>Resident #1's admission date was 5/31/06. The file lacked an annual ADL assessment and an annual tuberculin screening test for 2008.</p> <p>Resident #2's admission date was 5/31/06. The file lacked an annual ADL assessment for 2008.</p> <p>Resident #4's admission date was 8/21/06. The file lacked an initial ADL assessment.</p> <p>Resident #6's admission date was 9/21/06. The file lacked an initial and an annual ADL assessment.</p> <p>Resident #7's admission date was 10/03/06. The file lacked an annual ADL assessment for 2008.</p> <p>Resident #8's admission date was 10/16/06. The file lacked an annual ADL assessment for 2008.</p> <p>Resident #9's admission date was 10/31/06. The file lacked an annual ADL assessment for 2008.</p> <p>Resident #11's admission date was 4/26/07. The file lacked an initial and an annual ADL assessment. The file also lacked a two step tuberculin screening test.</p> <p>Resident #12's admission date was 4/26/07. The file lacked an annual ADL assessment for 2008. The file lacked a two step tuberculin screening test and an annual tuberculin screening test for 2008.</p>	YA930	<p>YA930 continued</p> <p>Resident #8 ADL assessment done 11/20/08- subsequent assessment done on 01/15/09 due to hospitalization. Division of Aging assessments done on 10/16/06, 10/15/07 and 10/09/08.</p> <p>Resident #9 Annual assessments done on 11/25/08. Copy in chart. Division of Aging service assessments dated 02/11/08 and 02/11/09 also in chart.</p> <p>Resident #11 Assessment done on 12/03/08. Note: this resident unlikely to return due to hospitalization for fractured hip and complications. Currently at Heights of Summerlin on hospice service. Will reassess when/if alerted to discharge to see if able to return to assisted living. TB's in chart: initial 2-step 03/19/07-03/28/07 annual 3/17/08-3/24/08 and another annual 1/21/09-1/31/09. Copy in chart</p> <p>Resident #12 Assessment done on 12/03/08. Initial 2-step TB available in chart 3/19/07-3/28/07, same as Resident # 11- another 2-step TB test was done 11/10/08-11/19/08 due to lapse in date for annual. Copy in chart</p> <p>Resident #13 ADL Assessment completed 12/03/08- copy in chart.</p>	

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YA930	<p>Continued From page 12</p> <p>Resident #13's admission date was 4/27/07. The file lacked an initial ADL assessment in the file.</p> <p>Resident #14's admission date was 5/11/07. The file lacked an initial ADL assessment.</p> <p>Resident #15's admission date was 4/26/07. The file lacked an initial ADL assessment and a two step tuberculin screening test.</p> <p>Resident #17's admission date was 7/4/08. The file lacked a two step tuberculin screening test.</p> <p>Resident #19's admission date was 9/9/08. The file lacked a two step tuberculin screening test.</p> <p>Resident #21's admission date was 10/15/07. The file lacked an initial ADL assessment.</p> <p>Severity: 2 Scope: 3</p>	YA930	<p>YA 930 continued</p> <p>Resident #14 ADL assessment completed 12/03/08 copy in her chart. Resident #14 has vacated Silver Sky and now resides with her daughter.</p> <p>Resident # 15 ADL assessment completed 12/03/08-copy in chart. Division of Aging Services assessment dated 02/26/08, in chart also. 2-step TB screening test dated 02/25/03-03/08/03, annual dated 02/09/04-02/11/04, annual dated 05/01/05-05/03/05, and annual dated 06/03/06-06/05/06 due to lapse in last TB test, 2-step given 05/23/07-06/02/07 annual dated 05/12/08-05/15/08- all tests are in her chart.</p> <p>Resident #17 Two step TB test done 07/01/08-07/10/08 as part of admission paperwork. Copy available in chart.</p> <p>Resident #19 Two step TB test done prior to admission dated 08/25/08-09/04/08- available in chart.</p> <p>Resident #21 ADL Assessment done on 12/03/08. Copy in chart.</p> <p>Date of Completion 12/09/08. Resident Care Services Director is responsible for continued compliance. Administrator will monitor.</p>	

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